

WELL COMPLETION REPORT

Town of Lexington

Name of Owner: _____ Address: _____

Lot Number _____

Type of Well: Drinking Irrigation Monitoring Other _____

Name of Laboratory (State Certified): _____

Address of Laboratory: _____

- 1) Attach laboratory results as required.
- 2) Attach an as-built plan for any newly constructed building.
- 3) Attach a completed a department of Environmental Management/Division of Water Well Completion Report
- 4) Provide documentation for the quantity of water required using the following equation (10.62 By-Laws)

The design of the water system, including well, pump, storage tank, and other accessories must be adequate to provide a volume of water necessary to support the household's daily need. Which shall be determined using the following equation:

- A) $(\# \text{ of bedrooms} + \text{one bedroom}) \times (110 \text{ gallons/bedroom}) \times (\text{a safety factor of } 2) = \text{number of gallons needed daily}$
- B) The storage capacity of the well shall be determined using the measured static water level and the depth and radius of the drillhole casing.
- C) The required volume shall be calculated by adding the volumes in (1) and (2). It is this volume of water that must be pumped from the well with in a 24-hour period.

Signature _____ Print _____
Well drill/digger or his/her authorized agent

This signature shall constitute a statement of compliance with all requirements of the Lexington Well Regulations.

